

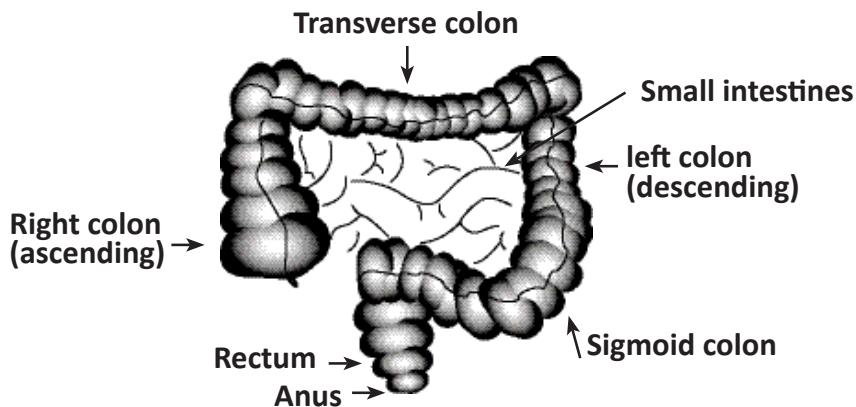
Colonoscopy or Flexible Sigmoidoscopy

NHS

Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Colonoscopy and flexible sigmoidoscopy are procedures which allows the doctor or nurse to look directly at the lining of the large bowel (the colon). A colonoscopy is an examination of the whole of the large bowel.

A flexible sigmoidoscopy is an examination of the lower part of the large bowel. A slim flexible tube called a colonoscope - is passed into the bowel. This is about the thickness of your index finger and has a specialist camera which can relay a picture of the bowel onto a television monitor.



What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.



Low residue diet sheet

This low residue diet should commence **three days prior** to taking the bowel preparation as described in the booklet provided.

The following is a list of suggested foods. Please note that this is not a complete list.

Coffeemate/ Coffee compliment mixed with water instead of milk

Drinks

Tea/coffee (preferably black although a small amount of milk is allowed), energy drinks, water soda water, fizzy drinks, fruit squashes (not blackcurrant), strained fruit juice, clear soup made from stock cubes/meat extracts.

Fats (use sparingly)

Margarine, butter, vegetable oils, lard, mayonnaise, cream substitutes.

Eggs

Boiled or poached.

Cereal

Corn or rice based cereal e.g. cornflakes, puffed rice, rice krispies. No bran.

Potatoes

Boiled, baked, white rice, noodles.

Pasta

Plain pastas not whole wheat, spaghetti.

Meat/fish

Minced or well-cooked and tender meats, lean beef, lamb, ham, veal, pork, poultry, fish (not oily), shellfish.

Gravy

Using stock cubes (white flour/cornflour may be used to thicken if required).

Bread

White bread, melba toast.

Vegetables

Tender, well-cooked root vegetables, such as carrots, de-pipped and skinned tomatoes, cauliflower florets.

Desserts

Plain cake or biscuit without fruit or nuts, semolina, fat free sponge, ice-lollies.

Sweets

White sugar, brown sugar, clear jellies, honey, boiled sweets, glacier mints.

Medications

Please inform us on 01302 644167, as soon as you receive this letter if:

- You are taking anticoagulants (blood thinners).
- You are a **Diabetic**. You should also contact your diabetic liaison nurse, who can provide you with an information leaflet on how to control your diabetes while you prepare for this investigation. Call them on 01302 642611, 9am-10am Monday to Friday.
- You have a latex allergy.
- You have a stoma.
- You are pregnant.

You should continue any medications you take as normal, with the following exception: **Iron Tablets** (ferrous sulphate, ferrous gluconate, etc) please stop taking them 5 days before your procedure.

If you take blood pressure **tablets take them as normal** up to, and including the day of procedure.

If you take an oral contraceptive pill, you should take additional contraceptive precautions as oral bowel preparation may decrease the effectiveness.

Please bring with you any medication you are currently taking, as well as a dressing gown and slippers.

Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure then you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure.

Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions. They will also check if you have any allergies and confirm your discharge arrangements with you. The procedure will then be explained to you and you will then be shown where to wait for your procedure.

Preparation for the procedure

In order to perform the procedure, we must have clear views of your bowel. If your bowel is not clear the test may have to be repeated. With your appointment details, you will be given detailed instructions on how to clear your bowel. You may be given a low residue diet sheet to follow for two days before you start the bowel preparation. It will also usually include laxatives. The type of laxative may differ depending on which test you are having done.

If you are having a colonoscopy you will receive laxative sachets to make into a drink. Full instructions on how to use these will be enclosed. You may also be required to take something called movicol for a week before the procedure. If this is required you will have been given a prescription for this in clinic.

If you are having a flexible sigmoidoscopy you may also receive laxative sachets, or you may only require an enema. The doctor referring you for the test will decide on this. If you require an enema, a prescription may be given to you. You may need to give the enema to yourself prior to coming for the procedure, full instructions will be provided.

Alternatively, the enema may be given to you in the department but you will be informed as to which option is most suitable. If you are having the laxative sachets, please follow the enclosed instructions and only drink clear fluids up until **two hours** before your procedure. If you are just having enema preparation only, please do not eat anything for **six hours** or drink anything for **two hours** prior to the procedure.

Please bring with you to your appointment:

- This leaflet and your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking.
It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Bring a dressing gown and slippers (optional)
- Please remove any nail polish from your fingernails.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them.

If you wish to have sedation during the procedure, make sure someone is able to collect you.

How long will I spend in the department

This will depend on your procedure and whether you choose to be sedated for your procedure. If you choose to be sedated, please allow two to four hours. If you choose not to be sedated then your stay may be shorter. The time on your appointment letter is for your pre-procedure assessment and not your appointment time.

Occasionally we have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens, and we will keep you fully informed and make sure you know the reasons for the delay.

Is there an alternative procedure I could have?

For some conditions it may be possible to perform a barium enema or a CT examination. The disadvantages to these procedures are that a biopsy cannot be taken or a polyp cannot be removed. A colonoscopy is the most accurate procedure to have performed to detect serious bowel abnormalities.

What happens during the procedure?

All your belongings will either stay with you or taken to a bed space in recovery. You will be taken to the procedure room. The nursing staff will introduce themselves to you. You may need to remove any false teeth just before the test begins. These will be placed in a denture pot and labelled and will stay with you at all times.

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Equanox: This is a gas made up of 50% oxygen and 50% nitrous oxide. This gas is colourless and acts as a painkiller. You breathe this in through a mouthpiece and are in control of the amount of equanox you need. You will recover quicker with equanox as it's a painkiller and not a sedative and there is generally no delay in you going home.

Sedation: Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short- term amnesic effect, which means you may not remember having the procedure. Please do not take any sleeping tablets on the day of your procedure if you have had sedation.

A cannula will be inserted into a vein, usually into the arm or back of the hand. You will be asked to lie on an examination couch, resting on your left hand side with your knees slightly bent. A small clip will be attached to your finger, which will monitor your pulse and oxygen levels. You may also be given some extra oxygen via a tiny tube in your nose.

If you have chosen to have sedation then the endoscopist will give you this through the cannula inserted into your hand or arm. This will help you feel relaxed and may mean you do not remember the procedure but it will not put you to sleep. If you have equanox the nurse will give you instructions of how to use it correctly.

Once you are feeling relaxed and comfortable, the colonoscope will be gently inserted into your back passage. Air will be passed through the tube into your large bowel to open it up to ensure the endoscopist has clear views of your bowel lining. This may give you a 'wind like' pain but this does not usually last long. You may get the sensation of wanting to go to the toilet, but as your bowel is empty, this is unlikely to happen. Do not feel embarrassed if you have to pass wind, this is quite normal.

Sometimes the endoscopist will need to take tiny samples of the bowel lining. This is known as a biopsy. The biopsy is performed through the inside of the colonoscope and should not cause you any discomfort.

It is also possible to remove polyps during the procedure. Polyps are abnormal growths of tissue, similar to warts. This is done through the inside of the colonoscope and should not cause you any discomfort. Any biopsies and polyps removed will be sent for analysis.

It usually takes about 30 minutes for the whole of the large bowel to be examined but can take a little longer. If only the lower part of your bowel is being examined then the procedure should be shorter. When the procedure is finished, the colonoscope is removed quickly and easily.

What happens after the procedure?

Once the procedure has finished and you have been made comfortable, you will be taken through to the recovery ward to rest. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. You may feel a little bloated with wind pains, however these usually settle quickly once you have passed the wind. Once the nurses in the recovery area are satisfied that you have recovered, you will be offered refreshments. The cannula will be removed after you have had a drink.

Discharge home

If you have had NO sedation or Entonox:

- You may drive immediately post discharge.
- Resume normal activities.

If you have had Entonox ONLY:

- There are no known side effects so you may resume your normal daily activities.

If you have had sedation:

For a period of 24 hours:

- Do not drive or use public transport, someone should be available to stay with you for 24hours.
- Do not drink alcohol
- Do not operate machinery
- Do not sign any legal documents or make important decisions
- Do not take sleeping tablets on the same night as the procedure
- Do not smoke for 4 hours, as your reactions will be much slower.
- Take care near the oven and kettle.

The effects of the sedation can last for up to **24 hours**: Although you may feel recovered, your judgement and reactions may be impaired during this time. It is **essential** you have someone to take you home and stay with you for the remainder of the day and overnight. It is recommended that you rest quietly for the remainder of the day.

Getting your results

Before leaving the department, we will speak to you about the results of the procedure. The nurse or doctor will usually speak to you and advise you of the findings of your test and if you require any further procedures or follow up. You may be given a copy of the procedure report, and a copy will be sent to your GP or referring doctor.

Can there be complications or risks?

As with most medical procedures, there are some risks involved. Your doctor will have felt the benefits of this procedure outweigh the potential risks. The majority of procedures are straightforward. With any procedure there is a small chance of complications or risks.

These can include:

- The sedative can affect your breathing making it slow and shallow.
- This is more of a risk if you already have a heart or lung problem. If this were to happen you may need to stay in hospital overnight.
- When polyps are the risk of causing a perforation is 1 in 500 cases.
- When polyps have not been removed, there is less than 1 in 1,300 chance of causing a perforation. If this was to happen you may need to stay in hospital to be given antibiotics, or may require an operation to repair the tear.
- When polyps are removed there is a small risk of bleeding: approximately 1 in every 150 cases. Bleeding can occur up to 7-10 days after a polyp has been removed. Bleeding often settles without treatment, but if it continues it may be necessary for you to return to hospital.
- We also want to make you aware that this examination is not perfect and even with a skilled endoscopist some abnormalities may be missed.
- It is important to inform us if you have any persistent bleeding or pain in the hours or days after your procedure. If you are worried about risks, please ask the endoscopist who will be performing the procedure for you.

Please telephone the department if you experience any problems.

Alternatively contact your GP. If it is out of hours, contact the out-of-hours GP service or Accident & Emergency.

Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case, you will be told of any student involvement beforehand. You do not have to let students be part of your care; please tell us if you do not want them involved.

Frequently asked Questions and Answers

1. What if my bowel preparation hasn't worked after three hours of taking the laxative?

Please be patient. The laxative usually works within a few hours, but this can sometimes take a little longer depending on your age, diet, if you have diabetes and whether you suffer from constipation.

Once it does start working, please stay close to a toilet as sometimes no warning may be given.

2. What do I do if I am sick with the preparation?

Please telephone the department if this happens so we can look at your referral.

3. Will I get my results on the day?

Upon completion of your procedure and once you have recovered, the findings will be discussed with you. We will be able to tell you any visual findings, however, any biopsies will need to be sent to the laboratory for testing, and this can take up to two weeks. You may be given a copy of the procedure report but a copy will also be sent to your GP or referring doctor.

4. Can my relatives / friends stay with me?

Your relative or friends can stay with you until you go for the procedure or into the recovery ward. They will be shown where to wait for you on the department or they can go and get a drink in one of our coffee shops.

5. Can I drive home after the procedure if I choose to have sedation?

If you have sedation you will not be allowed to drive home and must arrange for someone to accompany you and drive you home.

Medication given during the test will prohibit you from driving until 24 hours after your examination. Please do not plan to use public transport.

Contact details

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:
Doncaster Royal Infirmary, Tel: 01302 644167
Bassetlaw Hospital, Tel: 01909 572017.

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059
Email: dbth.pals.dbh@nhs.net

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Notes

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